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Solutions Forum on Rural Aging
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I'd like to thank the Policy Committee of the White House Council on Aging for coming to Morgantown today to investigate the special health needs of our aging rural population.

We at West Virginia University are acutely aware of this issue. The Robert C. Byrd Health Sciences Center has established a Center on Aging that is focused on the needs of our state's elderly – a group of people that is predominantly rural and is often faced with serious issues with regard to access to healthcare.

Several years ago, we assisted the United Nations assembling a world conference on rural aging here in West Virginia. I commend to your attention the "Best Practices in Service Delivery to the Rural Elderly" report that was an outcome of the Plan of Action on Rural Aging, a byproduct of the International Conference on Rural Aging. I will provide you with a copy so that the members of this committee, and your staff, can be aware of some of the work, and some of the research, that has been done across the world on the specific health issues that elderly people in rural communities encounter.

My focus today is on one of these issues – the continuing shortage of healthcare professionals in rural areas of the United States. This is not a problem unique to West Virginia. Rural areas across the country suffer from shortages of physicians, nurses, pharmacists, dentists and other professionals.

The impact of these shortages on rural communities is profound. A lack of health professionals causes inconvenience to many, because they have to travel long distances for health care. It has a negative impact on public health, as some residents forego care rather than travel, and as others delay care until a problem has grown unavoidable. It affects public education, and recruitment of educational professionals to rural areas. And it stymies the development of effective prevention programs.

Health professions shortages are also a hindrance to rural economic development, as access to healthcare is a requirement for many companies to invest or to relocate workers.

For the elderly, however, the impact is magnified. As people age, their need for healthcare increases. At the same time, their ability to travel is often limited by physical infirmity, by financial resources, and by the lack of a functional public transit system in many rural areas.

We know that for many elderly people the key to a satisfactory quality of life is to maintain as much independence as possible as they age, and to remain in daily contact with a community of family and friends. Access to healthcare in the local community is vital to maintaining this independence.

At West Virginia University we have had substantial success in designing programs to recruit rural youth into health professions training, to expose our students to rural healthcare and rural institutions as a part of their education, and to match students with openings in rural communities.

The Rural Health Education Partnerships, which we have developed in West Virginia over the past decade and a half, involve hundreds of health professionals who are already at work in rural communities in the education and training of their future peers. Through substantial private and government support, we have been able to expose all of our students to rural health during the course of their education.

We are also vitally concerned with bringing students into the pipeline toward health careers early. The Health Sciences and Technology Academy program at WVU, which starts with junior-high-school students and their teachers, has a strong orientation toward students from rural and underserved minority communities – the same communities in which the need for caregivers, particularly for the elderly, is so great.

Our concern is for the entire spectrum of education, which must extend from primary school through graduate study in order to supply us with the professionals of the future.

Just in the last several weeks, as a part of this ongoing effort, we launched a fellowship program in geriatric medicine, based at our rural campus in the Eastern Panhandle of West Virginia.

Our graduates are eager and ready to practice their professions in the rural parts of this state and rural America. In fact, a recent study by the University of Nebraska ranked West Virginia University fourth among medical schools worldwide in percentage of graduates who choose to serve rural communities in the U.S.

Yet we still face a problem in recruiting and retaining health professionals in many rural parts of the state. The disincentives to rural practice remain strong. High on the list are financial sacrifices that rural practitioners make, relative to their urban counterparts, as a result of reimbursement policies that favor urban providers. Also contributing to a continuing outflow of talent from rural areas is the difficulty in maintaining professional relationships and obtaining continuing education in rural areas, and the lack of opportunities for the professionals' spouses and children in areas where employment is limited and educational resources are stretched thin.

On a Federal level, we need to continually examine and revise policies that contribute to the economic imbalance between urban and rural providers. We need to provide support and incentives for those who choose to work in underserved rural communities. We need to strengthen the telecommunications networks and educational programs that bring providers into contact with their peers in other rural locations and in academic centers. And we need to make sure that as the Medicare program is revised to meet the needs of the next generation of seniors, that we preserve access to a wide range of health care providers so that rural elders are not shut out of the health care system.

I commend the members of the Policy Committee for their interest in these issues, and I'll be glad to answer any questions that you may have.